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CONFIRMATION NO. 5187

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|--|---|----------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/526,377   | <b>FILING OR 371(c) DATE</b><br>03/03/2005<br><b>RULE</b>   | <b>CLASS</b><br>514              | <b>GROUP ART UNIT</b><br>1615   | <b>ATTORNEY DOCKET NO.</b><br>Q86591                       |
| <b>APPLICANTS</b><br>Naomichi Furudate, Itabashi-ku, JAPAN;<br>Mitsuru Shimoyama, Ibaraki-ku, JAPAN;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/JP03/11211 09/02/2003<br><b>** FOREIGN APPLICATIONS *****</b><br>JAPAN 2002-258019 09/03/2002                              |   |                                  |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>JAPAN | <b>SHEETS DRAWING</b>   | <b>TOTAL CLAIMS</b><br>7<br><b>INDEPENDENT CLAIMS</b><br>6 |
| <b>ADDRESS</b><br>23373  |   |                                  |   |  |
| <b>TITLE</b><br>Hypogastric and/or perineal pain-relieving agent   |   |                                  |   |  |
| <b>FILING FEE RECEIVED</b><br>1500   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |